

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William K. McMahon

(In the space above enter the full name(s) of the plaintiff(s).)

15CV8768

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

-against-

The Rockland County Correctional Center  
Louis Falco III Sheriff, Chief of  
Corrections Anthony J Volpe,  
Correction officer's Peter Orlando,  
C Hickey, and Bayer, and the  
County of Rockland.

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

William K. McMahon

ID #

000015256 Jacket #

Current Institution

51 New Hempstead Rd. Rockland County Jail

Address

51 New Hempstead Rd. Rockland County  
New City, N.Y. 10956

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

LOUIS FALCO, III Sheriff

Shield #

Where Currently Employed

53 New Hempstead Road County Jail

Address

53 New Hempstead Road New City, N.Y.  
10956

Chief of Corrections

Defendant No. 2

Name Anthony J. Volpe Shield # \_\_\_\_\_  
 Where Currently Employed Rockland County Correctional Center  
 Address Rockland County 53 New Hempstead  
Road New City, N.Y. 10956

Defendant No. 3

Name CA Peter Orlando Shield # \_\_\_\_\_  
 Where Currently Employed Rockland Correctional Center  
 Address Rockland County 53 New Hempstead  
Road New City, N.Y. 10956

Defendant No. 4

Name Corretional officer C. Hickey Shield # \_\_\_\_\_  
 Where Currently Employed Rockland Correctional Center  
 Address Rockland County 53 New Hempstead  
Road New City, N.Y. 10956

Defendant No. 5

Name Correctional officer Bauer Shield # \_\_\_\_\_  
 Where Currently Employed Rockland Correctional Center  
 Address Rockland County 53 New Hempstead  
Road New City, N.Y. 10956

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Rockland County Correctional Center

B. Where in the institution did the events giving rise to your claim(s) occur?

A Wing and in C Wing in the Jail

C. What date and approximate time did the events giving rise to your claim(s) occur?

East 5/28/15 and on 6/26/15  
2230 HRS 1845 HRS  
on or about on or about 12:30 PM

Correctional Officer - C.O.

D. Facts: CO Peter Orlando informed inmate at the Rockford County Jail that I did not registry as a sex offender in ten day of leaving the Jail 4-13-15, asked Why CO Orlando did it and got Lockin 23 HRS for 20 Days and moved from A Wing of the Jail to C Wing of the Jail (I was only in A Wing three Days)

Now in C Wing 20 days later CO's Bauer, C. Hickey of C Wing of the Jail informed inmate the same nature of my Charges Compromised my safety, and made me vulnerable for a assault that give me a serious concussion on the day of 6/26/15 at 12:30 PM, When CO C. Hickey told inmate Shamar Lewallen let see a good fight and used inmate Lewallen as a weapon on me as CO's Hickey and Bauer look on and had time to stop the assault, it's all on Video or tape, Sheriff Department his it, The CO's here, not all of them, But some targeted me inmate with a abuse all the time. not all the CO are bad in here, some are good.

ON that Day 40 inmates 6-26-15 at 12:30 PM

CO's C. Hickey, Bauer, also see letter to State Inspector General for more Facts, Thank you

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Have neck pain  
Received a Serious Concussion for over one and half months, I'm having trouble focusing, Bad mental Clarity, dizziness, can't remember things, it's in my file with the Doctor here in the Jail can't think right, anymore, headaches on and off, I'm have Panic and anxiety attacks of the assault, confusion and a form of P.T.S.D for the assault

## IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐



If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rockland County Correctional Center 53 New Hempstead Rd New City, N.Y. 10956

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Rockland County Correctional Center

1. Which claim(s) in this complaint did you grieve? all of them

2. What was the result, if any? grievance denied

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I appeal them all, and wrote to the Catherine Leahy Scott, State Inspector General for the N.Y.S. Commission of Corrections % Alfred E. Smith to investigate my chief's and statements

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

grievance denied stated the there is no evidence of wrongdoing

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

when and how, and their response, if any: \_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

asked Help for Chief of Correction here at the Jail,  
also Anthony V. Volpe, also State Inspector general,  
Rockland County's D.A.'s Office, Alfred E. Smith of  
New York State Commission of Corrections

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

Give the Inspector General  
more power of the Department of Correction, for a  
Safe, Stable and Humane Correctional system in the  
State of New York, I still have trouble facing, my thinking  
is not the same. I'm physically and mentally, the monetary  
compensation will help with the fears over the Jail and  
assault, I have neck pain, I'm very fearful about people.  
I could have been killed, I'm a bridge painter and I can't do  
that anymore now, made 48\$ hrs, the compl compensation will  
help me mental health in the years to come, not just now.  
It will help me find new job skill, I'm not the same  
anymore, I live in fear of everything now!, maybe  
this will show Rockland County Correctional Center that  
the abuse must stop!

\$1.5 million dollars

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

On  
these  
claims

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of October, 2015

Signature of Plaintiff

Inmate Number

Institution Address

William K. McPherson  
Jacket #: 000015256  
Rockland County Correction  
Center, 51 New Hempstead Rd.  
New City, N.Y. 10956

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

William K. McPherson

8/30/15

Chief of Corrections, Anthony J. Volpe  
Rockland County Correctional Center.

William McMahon R.C.J. #11

Legal Request for all reports  
of my Disciplinary Lockin of  
5/28/15 to 6/17/15 by Sgt. Mirakaj.  
Inmates of A Wing stated that the  
Correctional office working the 3 to 11 on  
5/28/15 told them of the nature  
of my charger, I asked the C.O.  
why he did that, and got lockdown  
for 20 days. that was in A Wing.  
"Was only in A Wing for three days"  
Moved to C Wing, one correctional  
office C. Hickey I believe told  
more of the inmates of C Wing the  
nature of my Chargers, one out  
of Lockin this compromised my  
safety, and made me vulnerable  
for a assault that give me a  
serious concussion, on the Day  
of the assault C.O. Baver sided  
with inmate Lewallen, Shamar and  
said I'm Looking to see a good  
Fight to day, to Lewallen, the  
C.O. Baver used the inmate as a  
Weapon on me, as C.O.s Baver,  
and Hickey Looked on, They  
could have stoped it befor it  
keppen, thay had All the time  
in the world. This is all on tape.  
"No"? and if not, Why not? C.O.  
Baver is a psychopath and Clearly  
unfit for his Job. Look's like  
a little Rikers in Rockland  
I'm having Panic and anxiety attacks



must have some P.T.S.D. from the assault. So Chief Anthony J Volpe  
You see my problem "NO?"

I was in A Wing and C Wing for last  
year 9/29/14 to 4/13/15 with no  
trouble ~~with~~ with any inmates for  
six and a half months and now  
all of this comes down on  
me. Your Correctional Officers, not  
all of them, <sup>are</sup> nasty and vindictive.  
I'm not delusional or paranoid,

\* But this is my Legal  
\* Complaint to you Chief Volpe  
\* I request you file it, I will

I don't know the official  
boundaries here and need  
Legal Help professional legal  
Help. I hope I'm not going  
to be a target in your  
Jail over this complaint, you  
have some narcissistic and  
Violent Correctional Officers in  
this Jail, don't need my life  
threaten anymore then it has  
been. No need for the inspector general  
at this time.

Thank you Chief Volp  
for your Help in this  
matter

Willie K McMahon 8/30/15

I will need Help with the  
Law computer, good with Books  
only.

9/17/15

Catherine Leahy Scott  
State Inspector General  
New York State Commission of  
Corrections

SM: William K McMahon, Rockland County  
Correctional Center 51 New Hempstead  
Rd. New City N.Y. 10956 intake cell  
#2

ject: Only three days in A Wing, and only six days  
in Jail, on 5-28-15 Correctional Officer  
Peter Orlando told inmates in A Wing the  
nature of my Charger, I was 21 Days last (you  
see I was homeless) to registering as a  
sex offender. This compromised my safety.  
I asked the Correctional Officer Orlando  
Why he state that to them and got  
Lockin for 20 Days for failure to comply  
with a order and moved to C Wing, I  
should have been placed in Protective  
Custody at this point, Now in C Wing  
Correctional Officer Bauer told me in inmates  
in C Wing my Charger and at this point  
it compromised my safety and make me  
Vulnerable for assault, inmates in C Wing  
became prejudiced, angry and hateful and  
on 6-26-15 about 12:40 PM inmate  
Shamar Lewallen assault me, befor the  
assault C.O. C. Hickey told inmate Lewallen  
he Looking to see a good Fight to day.  
Correctional Officer used inmate Lewallen as  
a Weapon on me, as C.O.s Hickey and  
Bauer Looked on, the Officers had time  
to Lockdown the Wing befor the assault  
but did not. this is all on tape, and if  
not, Why not? It's like Rikers in

9/17/15  
 Rockland I'm having panic and anxiety attacks after my serious concussion. I'm moved back to A Wing in Protective Custody only to be abused by C.O.s and inmates a like, I was ~~stop~~ spit at asked the C.O.s for a Sergeant, and they told me "OK" but No Sergeant came to see me, inmates spit in my food I can see it in the food, stop eating, only ate when it looked safe to eat. That's when I wrote a letter to the Chief of Corrections, Anthony J. Volpe only way I got a Grievance form, C.O.s would not give me one, see they like to abuse the inmate in Protective Custody, the inmates are fearfull to say anything 99% of the time the abuse goes on! I'm fearfull of the C.O.s and the inmates they use as weapons of Fear on Protective Custody inmates. Now I file a Grievance at the same Correctional Center I'm in I Fear I'm going to be targeted by Corrections in this Jail, my Grievance investigated by this Jail and I was appealing the decision, it's now before the New York State Commission of Corrections, I feel all the papers of my Grievance "did not" go before them. I'll be told that they like to keep the Grievances "in house". I'm asking the State Inspector General of the State of New York

Catherine Leahy Scott, to look at my Complaint, I'm locked for 23 hours a day, the Jail moves me from one cell to another, I had the concussion for over a month and a half, it's all in the doctors file here at this Jail, I have 4 months to go home? and Fear something will happen



(12)

9/17/15

to me, you see I was here from  
 9-29-14 to 4/13/15 in A & C Wing  
 and had no trouble with any inmates  
 or C.O.s So when I came back I know  
 almost every body in here, and they did  
 not know why I came back if not  
 for the Correctional Offices or Sergeants  
 Some body in Corrections told somebody  
 something about my charger by the six day  
 of being here in Jail, its the only way  
 I'm Fearfully I will not get my Good time  
 The C.O.s in this Jail have no name tags  
 "NO NAMES" Not all the Correctional Offices  
 here are nasty, vindictive, narcissistic and  
 Violent, There are some very Good  
 Correctional Office in this Jail, if I  
 knew the names I would tell you about  
 the good ones as well as the bad ones

Thank you for your time  
 in this matter

Inspector General, Catherine L. Scott  
 of the New York State Commission of  
 Correction.

William K. McMahon  
 William K. McMahon

9/17/15

C:

Rockland County D.A.s Offices  
 1 South main St. Suite 500 New City, NY.  
 10956



## New York State Commission of Correction

Grievance Form - Part IIFacility: Rockland CountyGrievance #: 2015-91Name of Inmate: MC Mahon William - 15-921Date Part 1 was received: 9-4-15

**Decision of the Grievance Coordinator:**  
*(Including specific facts and reasons underlying the decision)*

Number of Additional Sheets Attached ( )

Signature of the Grievance Coordinator: [Signature]Date: 9-11-15

- ☒ I have read the above decision of the Grievance Coordinator  
☐ I agree to accept the decision  
☒ I wish to appeal to the Chief Administrative Officer

Grievant Signature: [Signature]Date: 9-11-15

**Decision of the Chief Administrative Officer:**  
*(Including specific facts and reasons underlying the decision)*

Number of Additional Sheets Attached ( )

Signature of the Chief Administrative Officer: [Signature]Date: 9-11-15

PURSUANT TO SECTION 7032.5(A), ANY GRIEVANT MAY APPEAL ANY GRIEVANCE DENIED BY THE FACILITY ADMINISTRATOR, IN WHOLE OR IN PART, TO THE STATE COMMISSION OF CORRECTION.

- ☒ I have read the above decision of the Chief Administrative Officer  
☐ I agree to accept the decision  
☒ I wish to appeal to the Citizen's Policy and Complaint Review Council

Grievant Signature: [Signature]Date: 9-21-15Submission to the Citizen's Policy and Complaint Review Council

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE, THE INVESTIGATION REPORT AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: [Signature]Date: 9-21-15

## New York State Commission of Correction

Grievance Form - Part IFacility: Rockland CountyHousing Location: 4-11Name of Inmate: M. Wilson William 15-1281Grievance #: 15762Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached ( )

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ( )

Grievant Signature: William M. WilsonDate/Time Submitted: 11/4/15 2:00Receiving Staff Signature: Edgar M. M...Date/Time Received: 11/4/15 2:00Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):  
(Attach relevant documentation)

Number of Additional Sheets Attached ( )



**Grievance Form - Part I**

Facility: Rockland County

Housing Location: \_\_\_\_\_

Name of Inmate: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Brief Description of the Grievance *(Completed by the grievant):*

Number of Additional Sheets Attached ( )

Action requested by the grievant *(Completed by the grievant):*

Number of Additional Sheets Attached ( )

Grievant Signature: \_\_\_\_\_

Date/Time Submitted: \_\_\_\_\_

Receiving Staff Signature: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

Summary of facility staff attempts to resolve *(Completed by Grievance Coordinator):*  
*(Attach relevant documentation)*

Number of Additional Sheets Attached ( )

Original: Grievance Coordinator    Copy: Grievant

51 New Hempstead Rd.  
New City, NY 10956

LEGAL MAIL



Clerk

United States District Court  
Southern District of New York  
The Daniel Patrick Moynihan United States Court House  
500 Pearl Street - New York, NY 10007-1312  
OFFICIAL BUSINESS

PRO SE intake unit

Pro-se

JRB

11/6/15



NOV 10 4 14 PM '15



11/10/15 11:10 AM

11